

# LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

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1. File Number U <u>10532</u>	2. Fiscal Year Covered From <u>11/1/04</u> Through <u>12/31/04</u>
3. Name and address of person filing. Name <u>Hubert V Rice</u> P.O. Box, Bldg. Room No. if any _____ Street <u>2185 S Rt 511</u> City <u>Perryville</u> State <u>Ohio</u> ZIP Code + 4 <u>44864</u>	4. Name, file number and address of labor organization Name <u>IBEW L.V. #688</u> Labor Organization File Number <u>038074</u> P.O. Box, Building and Room Number if any _____ Street <u>67 S. WALNUT ST.</u> City <u>MANSFIELD</u> State <u>OHIO</u> ZIP Code + 4 <u>44868</u> <sup>902</sup>
5. Position in labor organization <u>TRUSTEE &amp; EXECUTIVE BOARD MEMBER</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name _____ Trade Name, if any _____ P.O. Box, Bldg. Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7. a. Nature of Interest, Transaction or Income <u>None</u> 7. b. Amount <u>0</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Hubert V Rice

On

8-15-05

Date

419-368-4047

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any).

Name I.B.E.W. #688 Pension Fund

Trade Name, if any

P.O. Box, Bldg. Room No. If any

Street 67 S. WALNUT ST

City MANASSA

State OHIO

ZIP Code + 4 44902

9 Business deals with

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10 If 9.b. or 9.c. is checked, give trust or employer's name

Name

Trade Name, if any

P.O. Box, Bldg. Room No., if any

Street

City

State

ZIP Code + 4

11 a) Nature of such dealing

~~I.B.E.W. #688~~ Pension Fund is  
A defined benefit Pension Plan for  
individuals who are members of the  
I.B.E.W. #688 (LABOR ORG.)

11 b) Approximate dollar value of such dealing

12 a) Nature of interest held or income received

REIMBURSEMENT FOR ATTENDANCE AT  
INTERNATIONAL FOUNDATION OF EMPLOYMENT  
BENEFIT FUNDS CONFERENCE

12 b) Amount

~~\$65440~~

\$65440

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any

P.O. Box, Bldg. Room No. If any

Street

City

State

ZIP Code + 4

14.a Nature of payment.

None

13.b Is the Business an Employer ☐ or Consultant ☐ ?

14.b Amount of payment.

0

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8. Name and address of Business (including trade name, if any)

Name I.B.E.W. #688 Annuity Fund

Trade Name, if any

P.O. Box, Bldg. Room No. If any

Street 67 S WALNUT ST.City MAYFIELDState OHIOZIP Code + 4 44902

## 9. Business deals with

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked, give trust or employer's name

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing

I.B.E.W. #688 Annuity Fund is a defined contribution fund for individuals who are members of the I.B.E.W. #688 (LABOR ORG) B

## 11.b. Approximate dollar value of such dealing

## 12.a. Nature of interest held or income received

REIMBURSEMENT FOR ATTENDANCE AT INTERNATIONAL FOUNDATION OF EMPLOYMENT BENEFIT FUNDS CONFERENCE.

## 12.b. Amount

~~\$1000~~ \$654.40

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P.O. Box, Bldg. Room No. If any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment

NONE

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment

100

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name **I.B.E.W. #688 HEALTH + WELFARE FUND**

Trade Name if any

P.O. Box, Bldg Room No. if any

Street **67 S WALNUT ST.**

City **Mansfield**

State **OHIO**

ZIP Code + 4 **44902**

9 Business deals with

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10 If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name if any

P.O. Box, Bldg Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing

**I.B.E.W. #688 HEALTH + WELFARE FUND IS A HEALTH PLAN FOR INDIVIDUALS WHO ARE MEMBERS OF THE I.B.E.W. #688 (LABOR ORG)**

11.b. Approximate dollar value of such dealing

12.a. Nature of interest held or income received

**REIMBURSEMENT FOR ATTENDANCE AT INTERNATIONAL FOUNDATION OF EMPLOYMENT BENEFIT FUNDS CONFERENCE.**

12.b. Amount

**\$654.40**

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a. Name and address of Employer or Labor Relations Consultant (including trade name if any).

Name

Trade Name if any

P.O. Box, Bldg Room No. if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

**NO PAY**

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment

**0**